

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PH</i>	<i>7/59/</i>	<i>4/9</i>
O.I.P.E. CLASSIFIER	<i>PH</i>	<i>60025</i>	<i>8/24/60</i>
FORMALITY REVIEW	<i>PH</i>		
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	8/3/57
2	2	2	9/7/57
3	3	3	11/11/57
12	4	4	11/11/57
13	5	5	11/11/57
14	6	6	11/11/57
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48	40	40	11/11/57
49	41	41	11/11/57
50	42	42	11/11/57

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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